

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS667HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2010
NAME OF PROVIDER OR SUPPLIER VALLEY HOSPITAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 620 SHADOW LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 07/28/10 and finalized on 07/28/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>Complaint #NV00025865 was substantiated with deficiencies cited. (See Tag S0145)</p> <p>Complaint #NV00025839 was substantiated with no deficiencies cited.</p> <p>Complaint #NV00025866 was substantiated with deficiencies cited. (See Tags S 0143 and S 0322)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	S 000		
S 143 SS=D	<p>NAC 449.332 Discharge Planning</p> <p>1. A hospital shall: (a) Have a process for discharge planning that applies to all inpatients; and</p>	S 143		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 143	Continued From page 1 (b) Develop and carry out policies and procedures regarding the process for discharge planning. This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to carry out their transfer procedure for Patient #3. Findings include: 1. There was no documented evidence the patient provided consent for transfer. 2. There was no documented evidence the family was notified in the change of the receiving facility. Severity: 2 Scope: 1 Complaint #25886	S 143		
S 145 SS=E	NAC 449.332 Discharge Planning 3. A hospital shall, at the earliest possible stage of hospitalization, identify each patient who is likely to suffer adverse health consequences upon discharge if the patient does not receive adequate discharge planning. The hospital shall provide for an evaluation of the needs related to discharge planning of each patient so identified. This Regulation is not met as evidenced by: Based on interview, record review and discharge planning policy and procedure review, the facility failed to ensure a patient received adequate discharge planning that included a psychiatric evaluation for competency ordered by the physician prior to discharge from the facility. (Patient #1) Severity: 2 Scope: 2	S 145		

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S 145	Continued From page 2	S 145		
	Complaint # 25865			
S 322 SS=D	NAC 449.3628 Protection of Patients 2. The governing body shall develop and carry out policies and procedures that prevent and prohibit neglect and misappropriation of the personal property of a patient. This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to follow their policy for discharge for Patient #3. Findings include: 1. The items Patient #3 was searching for prior to discharge were located in the security department. The items were not returned to the patient prior to discharge. 2. There was no documented evidence the nursing staff or security staff attempted to reach the patient or family to notify them of the missing items. 3. The patient was currently in the facility when the missing items were retrieved from the emergency department and placed in security. Severity: 2 Scope: 1 Complaint #25866	S 322		

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